

For Office use Only Received: _____ Amount: _____
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## Application for License to Operate a Long-term Facility

### I. IDENTIFICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City/County/Zip \_\_\_\_\_

Telephone number \_\_\_\_\_

Administrator \_\_\_\_\_

Date facility operation began at current address \_\_\_\_\_

Date facility began operation under current owner \_\_\_\_\_

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	_____	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

### III. Control (check one in each column)

State	Profit	Individual
County	Nonprofit	Partnership
City		Corporation
Private		

### IV. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

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If facility owned or leased by a corporation, complete the following:

Name of corporation \_\_\_\_\_

Address of corporation \_\_\_\_\_

President or Chairman \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Name and address of parent corporation and/or management company, if applicable.

Parent

Management Company

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that any change in the application that affects my licensure status will be reported to the Division of Long Term Care and a new application will be completed at the time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Return Application and Fee to:

Division of Long Term Care  
275 East Main Street 5E-A  
Frankfort, Kentucky 40621

**MAKE CHECK OR MONEY ORDER PAYABLE TO KENTUCKY STATE TREASURER.**

**DO NOT SEND CASH.**

L&R 5  
(6/2000)